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# Intimate Partner Violence in Same-Sex Relationships and The Role of Sexual Minority Stressors: A Systematic Review of the Past 10 Years

C. Longobardi<sup>1</sup> · L. Badenes-Ribera<sup>2</sup>

**Abstract** To clarify the role of sexual minority stressors on intimate partner violence in same-sex relationships, the authors undertook a systematic review of literature on this topic from 2005 to 2015. Our results indicate different forms of intimate partner violence (physical, psychological, sexual) tend to co-occur in same-sex relationships, bidirectional violence might be a common pattern; and internalized homophobia, degree of “outness,” stigma consciousness, and experiences of discrimination based on sexual orientation are all related to intimate partner violence. However, these associations are not fully supported by all studies. Our findings emphasize the importance of integrating risk factors typical of sexual minorities with the risk factors predictive of intimate partner violence in heterosexual couples. Therefore, intervention and prevention programs must be designed so as to address and reduce the stress typical of sexual minorities.

**Keywords** Intimate partner violence · Violent behavior · Minority stress · Same-sex relationships · Systematic review

## Introduction

According to the Centers for Disease Control and Prevention (CDC 2015) the term “intimate partner violence” (IPV) describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner (e.g., current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners).

There are four main types of IPV: (a) physical violence, the intentional use of physical force with the potential of harm (e.g., scratching; pushing; shoving; throwing); (b) sexual violence, defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse (forced or alcohol/drug facilitated penetration of a victim, intentional sexual touching); (c) stalking, a pattern of repeated, unwanted attention and contact that causes fear or concern for one’s own safety or the safety of someone else (e.g., repeated, unwanted phone calls, emails, or texts; leaving cards, letters, or flowers); and (d) psychological aggression, the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person (e.g., name-calling; humiliation; limiting access to transportation, money, friends, and family; threats of physical or sexual violence; control of reproductive or sexual health, etc.).

IPV has been recognized as a serious social problem and public health issue in both opposite-sex and same-sex relationships (e.g., CDC 2015; Walters et al. 2013). For instance, recent data indicates that over 10 million women and men in the United States of America experience physical violence each year from a current or former intimate partner (Black et al. 2011). In addition, several studies have shown that victims of IPV are more likely to report a range of negative mental and physical health outcomes

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(e.g., Black et al. 2011; Buller et al. 2014; Campbell 2002; Walters et al. 2013).

Recent studies suggest that lesbian women, gay men and bisexual (LGB) individuals experience IPV in rates that are similar to, if not higher than, those of heterosexual individuals (Edwards et al. 2015; Goldberg and Meyer 2013; Hellemans et al. 2015; Stiles-Shields and Carroll 2015). For example, Walters et al. (2013) found that the lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner was 43.8% for lesbian women, 61.1%, for bisexual women, 35%, for heterosexual women, 26% for gay men, 37.3% for bisexual men, and 29% for heterosexual men. On the other hand, Hellemans et al. (2015) found that non-heterosexual and heterosexual individuals reported on average the same frequency of physical aggression by their current or former intimate partners.

Although, there are analogies with IPV in straight couples, for example, the impact of interpersonal factors such as power differences between partners, dependency, and substance and alcohol abuse (Mason et al. 2014; Renzetti 1992); it is important to consider the unique factors that research indicates might be associated with IPV among LGB individuals, as part of a marginalized sexual minority. These factors interact with IPV to create or exacerbate vulnerabilities for those experiencing violence in same-sex couples, which may exceed those experienced by opposite-sex couples (Stiles-Shields and Carroll 2015). These observed differences may be understood through Meyer's (2003) minority stress theory.

According to Meyer (2003) the assumptions underlying the concept of minority stress are that minority stress is (a) unique, which means that minority stress is additive to general stressors that are experienced by all people, and thus, an adaptation effort is required of stigmatized individuals above that required of similar others who are not stigmatized; (b) chronic, which means that minority stress is associated with relatively stable underlying cultural and social structures; and (c) socially based, which means that minority stress arises from social processes, institutions, and structures beyond the individual rather than individual events or conditions.

Consequently, minority stress can be defined as a series of stressful psychosocial events that derive from being a member of a minority group that is stigmatized and marginalized. Meyer (2003, p. 675) defined minority stress as "the excess stress to which individuals belonging to stigmatized social categories are exposed by effect of their minority social standing". Therefore, according to minority stress theory, individuals who belong to more than one minority group experience additional stress due to their being part of each minority group. The theory also underlines that this stress is additional to the general stress that is experienced by people in a non-minority position.

The model developed for this study includes interiorized stress factors, such as the degree of *outness* or *closetedness*, perceived discrimination or stigma consciousness, and internalized homophobia, as well as external sources of stress such as experiences of violence, discrimination, and harassment in daily life.

Internalized homophobia is defined as the degree to which individuals belonging to a sexual minority have internalized beliefs, behaviors, and negative assumptions related to their homosexuality (Rostosky et al. 2007). It has also been hypothesized that internalized homophobia could be associated with violent behavior toward in-group members (Renzetti 1992), since negative assumptions about homosexuality are incorporated into a person's concept of self. Consequently, individuals with negative feelings about being LGB people might engage in violence toward their own partners (Balsam 2001).

Outness or closetedness refers to the degree to which others, such as family, friends, and colleagues are aware of the person's identity as belonging to a sexual minority. Studies suggest that a higher degree of outness and, therefore, a more open stance on the topic of sexual orientation, is associated with lower degrees of psychological stress, better self-esteem, and more positive emotional states (e.g., Morris et al. 2001). Conversely, a closeted stance on sexual orientation can lead to isolation inside a relationship and potentially raise the level of stress within the relationship, depriving the couple of support and, therefore, exposing its partners to a higher risk of IPV (Sophie 1982).

Stigma consciousness reflects the extent to which the members of a minority, such as racial minorities or the LGBTQ community, expect to be stereotyped by others based on previous experience of discrimination (Pinel 1999). The former definition seems to have been confirmed by the results of a study that was aimed at analyzing IPV in a group of lesbian and gay participants. The study found that stigma consciousness correlated positively with the desire of the participants to keep their condition of abuse silent, in the hope of protecting victims from the additional violence of a homophobic legal system (Carvalho 2006).

In light of these premises, the purpose of this systematic review is to provide a comprehensive and critical overview of intimate partner violence in same-sex relationships and the role of sexual minority stressors over the course of the past 10 years.

## Method

### Study Selection Criteria

To be included in the systematic review, the studies had to fulfill the following criteria: (1) they had to be published

between 2005 and 2015, inclusive, in a peer-reviewed journal; (2) the article represented an original, quantitative study; (3) the sample for the study consisted of participants who identified as sexual minorities or had been in intimate relationships with same-sex partners; (4) participants of the study had to be at least 18 years old; (5) they had to examine the relationship between IPV in same-sex relationships and any sexual minority stressors; and (6) due to language limitations, the study had to be written in English, Spanish, or Italian.

Consequently qualitative studies, literature reviews, systematic reviews, meta-analyses, commentaries, editorials, and studies that did not assess IPV in same-sex relationships and their relation to sexual minority stressors were excluded from this review. In addition, the review did not include studies that included minors as participants.

### Search Strategy

The literature search was carried out in the electronic databases of Scopus, Medline, ProQuest, and Web of Science using the following terms: intimate partner violence, domestic violence, same-sex, gay, lesbian, internalized homophobia, outness, and minority stress. Also, the reference lists of the relevant studies on IPV in same-sex relationships were reviewed. Furthermore, a search was conducted manually in several specialized journals: *Psychology of Woman Quarterly*; *Journal of Homosexuality*; *Journal of Gay and Lesbian Social Services*; *Journal of LGBT Issues in Counseling*; *Journal of Aggression, Maltreatment and Trauma*; *Journal of Interpersonal Violence*; *Trauma, Violence and Abuse*; and *Journal of Family Violence*. Finally, experts in the field of LGBTQ studies were asked to identify additional studies.

In total, 601 studies were identified through the search procedure. Duplicated studies were eliminated ( $n = 185$ ). Thus, the total number of studies left to be reviewed amounted to 416 studies. The selection was performed independently by two researchers. A reconciliation process was undertaken for those studies where there was disagreement.

The titles and abstracts of these 416 studies were then scanned, and the relevant studies were pre-selected ( $n = 55$ ). The complete text of each of the 55 pre-selected studies was reviewed, and 45 studies were excluded for not meeting the inclusion criteria. Finally, a total of 10 articles fulfilled the selection criteria, all of them written in English and published in a peer-reviewed journal during the period between 2005 and 2015 (see Fig. 1 for the flow diagram of the literature search and study selection).

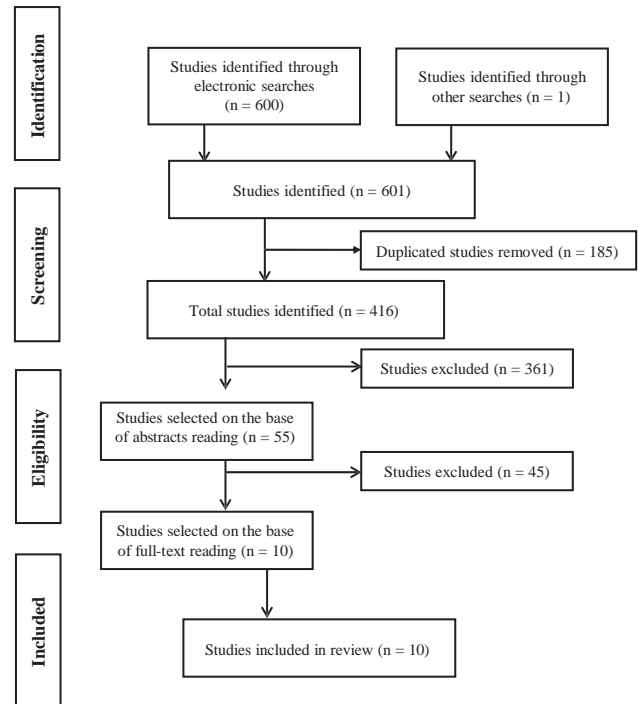


Fig. 1 Flow chart of the systematic review of intimate partner violence in same-sex relationships and the role of sexual minority stressors over the course of the past 10 years

## Results

### Study Description

Table 1 describes the main characteristics of the studies included. All employed cross-sectional designs. Most were carried out in North America (eight studies in the United States, and one in Canada) and used non-probabilistic sampling methods (nine studies). Participants were volunteers that had been contacted over the telephone or through e-mail, listservs, websites of groups or organizations dedicated to men's or women's issues, universities, pride events, or local libraries. In some cases, questionnaires were extended by the participants themselves to their other LGBTQ acquaintances, in a snowball sampling approach.

The studies' sample sizes ranged from 40 (Pepper and Sand 2015) to 581 (Carvalho et al. 2011) participants. Most respondents identified themselves as Caucasian, with varying percentages of other racial and ethnic groups, except for the study by Chong et al. (2013). Participants' ages ranged between 18 and 88 years, with a mean age of about 33 years represented in the studies. In addition, most respondents had received at least some college education. Finally, all those surveyed identified themselves as being in a relationship with a same-sex partner at the time of the study, or having been in a relationship with a same-sex partner in the year that preceded the study. The mean length

Table 1 Description of studies (N = 10)

Study/Country	N	Sampling method	Age (mean)	Ethnicity	Education level	IPV definition	Minority stress definition
Balsam and Szymanski (2005) USA and Canada	272 women (L, B, H, O)	Convenience sample of "pride" event and snowball sampling	34.75 Range:18–66	>Caucasian (85%)	>Completed at least some college (over 96%).	CTS-2 LGB specific psychological aggression: Unique	Outness: OI Internalized homophobia: LIHS Discrimination: unique
Bartholomew et al. (2008) Canada	186 men (G, B)	Probabilistic sample	38.53 Range:20–71	>Caucasian (85%)	>Some or all of university education (54%)	CTS-2 (physical and psychological)	Outness: unique Internalized homophobia:IHS*
Carvalho et al. (2011) USA	581 men and women (LG)	Convenience sample from LGBT organization, advertisements, G/L festival and snowball sampling	Range: 18–51+	>Caucasian (79%).	>Completed at least some college (over 90%).	Unique	Outness: OI Internalized homophobia: IHP Stigma consciousness: SCQ
Chong et al. (2013) China	306 men and women (L,G,B)	Convenience sample from LGB-friendly organizations and LGB-related internet platforms	26.27	>Chinese (96.3%).	>Completed at least some college (over 90%).	CTS-2 (physical and psychological)	Internalized homophobia: HIS
Edwards and Sylaska (2013) USA	391 (men and women) (G/L, B, P, Q, O)	Convenience sample from campus organization, listserv/e-mail or facebook advertisements, website postings and snowball sampling	20.77 Range:18–25	>Caucasian (72.1%).	University/college students	CTS-2	Internalized homophobia: IH* Outness: OI Stigma consciousness: SS Discrimination: Unique
Kelley et al. (2014) USA	107 men (G, B,H)	Convenience sample from LGBT Community Center, advertisements	34.3 Range:18–74	>Caucasian (78.5%)	>Completed at least some college (90.5%).	CTS-2 (physical)	Internalized homophobia: IHP Outness: Unique
Lewis et al. (2014) USA	220 L	Convenience sample from the LGBT specialty panel of a large market research firm	54 Range = 22–88	>Caucasian	>college education	CTS-2 (psychological)	Internalized homophobia: IHP Social constraints: SCS
McKenry et al. (2006) USA	77 men and women (G, L)	Convenience sample from therapists, mental health centers, domestic violence treatment and advocacy groups, LGBT organization, and advertisements	Men = 34.3 Women = 29.7	>Caucasian (men = 61.5%, women = 64.9%)	>Completed at partial college training	CTS-2 (physical and psychological)	Internalized homophobia: IHS
Milletich et al. (2014) USA	209 women (L, B, H)	Convenience sample from LGBT Community Center, advertisements	29.5 Range:18–72	>Caucasian (66%).	>Completed at least some college (51.7%).	CTS-2 (physical) MMEA (Emotional)	Internalized homophobia: LIHS
Pepper and Sand (2015) USA	40 women (L, B, H, O, NR)	Convenience sample from LGBTQ University and college groups.	Range: 18–24	>Caucasian	>Undergraduate students (72.5%)	CTS-2	Internalized homophobia: LIHS

L lesbian women, G gay men, B bisexual, H heterosexual, O other, GA gay/lesbian, P pansexual, Q queer, NR not reported > majority. IPV definition: CTS-2: Revised Conflict Tactics Scale; MMEA multidimensional measure of emotional abuse. Minority stress definition: LIHS lesbian internalized homophobia scale, IHS internalized homophobia scale, IHP internalized homophobia scale, IH\* internalized homonegativity subscale, OI outness inventory, SCQ stigma-consciousness questionnaire, SS stigma scale, SCS social constraints scale



for relationships ranged from 2.57 years (Chong et al. 2013) to 15 years (Lewis et al. 2014).

### *Definition of IPV*

Each study used one of four definitions of violence. Most of them employed a validated scale (see Table 1): the assessment instrument used most frequently was the Conflict Tactics Scale—Revised Edition (nine studies). One study used its own definition of IPV (Carvalho et al. 2011): “Have you ever been a victim of domestic violence?” and “Have you ever been a perpetrator of domestic violence?”. Furthermore, only one study included the evaluation of IPV tactics specific to LGB people (Balsam and Szymanski 2005).

Finally, six studies assessed participants’ victimization and perpetration of IPV (Balsam and Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013; Lewis et al. 2014; Pepper and Sand 2015), while four studies analyzed only the perpetration of IPV (Chong et al. 2013; Kelley et al. 2014; McKenry et al. 2006; Milletich et al. 2014). None of the studies assessed IPV victimization exclusively.

### *Definition of minority stress*

Five sexual minority stressors were measured: internalized homophobia, public outness, stigma consciousness, discrimination experiences related to sexual orientation, and social constraints.

All studies measured the level of internalized homophobia with a validated scale. They used five different measurement instruments (see Table 1). Five studies assessed participants’ degree of public outness (Balsam and Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013; Kelley et al. 2014). Two of these employed their own definition of public outness (Bartholomew et al. 2008; Kelley et al. 2014), while the remaining studies used a validated scale. Two studies assessed the participants’ degree of stigma consciousness and used a different validated scale (Carvalho et al. 2011; Edwards and Sylaska 2013). Two studies measured discrimination experiences related to sexual orientation by employing their own definition of it (Balsam and Szymanski 2005; Edwards and Sylaska 2013). Finally, one study assessed the experience of difficulty in talking about one’s sexual identity and the consequent relationship strain it produced with friends and family (Lewis et al. 2014), using a validated scale.

### *Rate of IPV*

Table 2 shows the rates of IPV perpetration and victimization in IPV in same-sex relationships reported by the studies.

Two studies did not report on the rate of IPV that had emerged (Chong et al. 2013; Lewis et al. 2014). Regarding the perpetration of violence, eight studies reported on the prevalence of at least one form of IPV perpetration. The studies used different recollection periods, ranging from having experienced some type of IPV during the last year (six studies) to having experienced it sometime in the respondent’s lifetime (two studies). One study did not use a specific time frame, but instead referred to IPV within the current or most recent relationship (Edwards and Sylaska 2013). Three studies assessed IPV among women in same-sex relationships (Balsam and Szymanski 2005; Milletich et al. 2014; Pepper and Sand 2015), two studies analyzed IPV among men in same-sex relationships (Bartholomew et al. 2008; Kelley et al. 2014), and one study assessed IPV among LGBTQ people in general (Edwards and Sylaska 2013). Finally, two studies assessed IPV among lesbian women and gay men in same-sex relationships (Carvalho et al. 2011; McKenry et al. 2006).

The rate of perpetration for physical IPV over the year preceding the study, as calculated in various studies, was 39, 38, 35, 25.4, and 19.9% for gay men, bisexual men, lesbian women, bisexual women and LGBTQ people, respectively (Edwards and Sylaska 2013; McKenry et al. 2006; Kelley et al. 2014; Milletich et al. 2014). Furthermore, it can be noted that, aside from physical violence, the majority of gay and bisexual men (Bartholomew et al. 2008) and women (Pepper and Sand 2015) perpetrated psychological violence against their same-sex partners.

Only four studies assessed victimization in IPV, using varying recollection periods (e.g., the most recent year or lifetime). Three studies analyzed IPV among women in same-sex relationships (Balsam and Szymanski 2005; Carvalho et al. 2011; Pepper and Sand 2015) and two studies assessed IPV among men in same-sex relationships (Bartholomew et al. 2008; Carvalho et al. 2011). Concerning physical IPV victimization over the preceding year, the rate ranged from 20% for women (Pepper and Sand 2015) to 44% for gay and bisexual men in same-sex relationships (Bartholomew et al. 2008). In addition, 95% of gay and bisexual men (Bartholomew et al. 2008) and 67.5% of women (Pepper and Sand 2015) were victims of psychological violence perpetrated by their partners. Finally, the extent of overlap between IPV perpetration and victimization is also noteworthy (Balsam and Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013). For example, Balsam and Szymanski (2005) found that 31% of the participants reported both IPV perpetration and victimization during their lifetime, while 10% reported only victimization and 7% reported only perpetration. Carvalho et al. (2011) found that almost all of the perpetrators of IPV also reported

Table 2 Perpetration and victimization of intimate partner violence recall period (%)

Study	IPV Perpetration					IPV Victimization				
	Any IPV	Physical	Sexual	Psychological	LGB specific	Any IPV	Physical	Sexual	Psychological	LGB specific
Women in same-sex relationships										
Last year										
Balsam and Szymanski 2005		21.5 <sup>a</sup>		11.1 (16) <sup>b</sup>	16.7		26.4 <sup>a</sup>		11.1 (16.8) <sup>b</sup>	14.6
McKenry et al. 2006		35								
Milletich et al. 2014		25.4								
Pepper and Sand 2015		22.5	18	72.5			20	12.8	67.5	
Lifetime										
Balsam and Szymanski 2005		40.1 <sup>a</sup>		2.8 (2.3)	33.5		43.6 <sup>a</sup>		2.8 (2.3)	34.8
Carvalho et al. 2011	8.2									
Men in same-sex relationships										
Last year										
Bartholomew et al. 2008 <sup>b</sup>		38		97			44		95	
Kelley et al. 2014		18.69								
McKenry et al. 2006		39								
Lifetime										
Carvalho et al. 2011	6.7					17.9				
LGBTQ in same-sex relationships										
Current relationship										
Edwards and Sylaska 2013		19.9	10.5	12.5			20.2	14.1	16.1	

Note Blank table cells were not measured or not reported

<sup>a</sup> Physical/Sexual IPV

<sup>b</sup> mean and standard deviation

having been victims of IPV. Edwards and Sylaska (2013) indicated that 22.3 % of the participants reported both same-sex partner violence victimization and perpetration, in their current relationships.

### Minority Stress and IPV

Table 3 shows minority stressors related to IPV.

With reference to internalized homophobia, eight studies documented a relationship between internalized homophobia and IPV in same-sex relationships (Balsam and Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013; Kelley et al. 2014; Lewis et al. 2014; Milletich et al. 2014; Pepper and Sand 2015). Concerning IPV victimization, two studies found that internalized homophobia was related to physical and sexual IPV victimization among lesbian and bisexual women (Balsam and Szymanski 2005) and psychological IPV in current relationships among LGBTQ youth (Edwards and Sylaska 2013), while four studies employed similar tests but found this relationship not to be statistically significant (Bartholomew et al. 2008; Carvalho et al. 2011; McKenry et al. 2006; Pepper and Sand 2015). Regarding IPV

perpetration, four studies documented that internalized homophobia was related to physical IPV perpetration during the last year among lesbian and bisexual women (Balsam and Szymanski 2005; Milletich et al. 2014), gay and bisexual men (Bartholomew et al. 2008, Kelley et al. 2014) and physical and sexual IPV in current relationships among LGBTQ youth (Edwards and Sylaska 2013). Another study found that only the LIHS (Lesbian Internalized Homophobia Scale) dimension of Moral and Religious Attitudes toward lesbian women was correlated to the perpetration of sexual coercion with women's same-sex partners (Pepper and Sand 2015). Furthermore, higher levels of internalized homophobia predicted a greater likelihood of perpetrating physical aggression among male same-sex partners (Kelley et al. 2014), but not among women's; fusion mediated the relationship between internalized homophobia and IPV perpetration (Milletich et al. 2014). Similarly, another study found that internalized homophobia was associated with the frequency of past-year psychological aggression in lesbian women's intimate relationships, through its effect on rumination and relationship satisfaction (Lewis et al. 2014), and that the relationship between internalized homophobia and past-year IPV was fully mediated by relationship quality



Table 3 Minority stress correlates of IPV

Minority stress	IPV perpetration			IPV victimization				
	Any PV	Physical	Sexual	Psychological	Any PV	Physical	Sexual	Psychological
Lifetime IPV								
IH					Carvalho et al. 2011	Balsam and Szymanski 2005		
OP					Carvalho et al. 2011			
SC	Carvalho et al. 2011							
DSO		Balsam and Szymanski 2005		Balsam and Szymanski 2005		Balsam and Szymanski 2005	Balsam and Szymanski 2005	
Last year IPV								
IH		Balsam and Szymanski 2005; Bartholomew et al. 2008; Edwards and Sylaska 2013; Milletich et al. 2014	Edwards and Sylaska 2013; Pepper and Sand Milletich et al. 2014	Bartholomew et al. 2008;		Balsam and Szymanski 2005		Edwards and Sylaska 2013
OP		Kelley et al. 2014; Edwards and Sylaska 2013				Bartholomew et al. 2008		Bartholomew et al. 2008
DSO				Edwards and Sylaska 2013				

IPV intimate partner violence, IH internalized homophobia, OP outness public, SC stigma consciousness, DSO discrimination based to sexual orientation

(Balsam and Szymanski 2005). Finally, two studies, using similar tests, found this relationship not to be statistically significant (Chong et al. 2013; McKenry et al. 2006).

Concerning the participants' degree of outness, four studies documented that there was a relationship between the degree of outness and IPV in same-sex relationships (Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013; Kelley et al. 2014). Two of these found that being more "out" was related to an increased risk for lifetime IPV victimization among lesbian women and gay men (Carvalho et al. 2011), and to an increased risk of physical and psychological IPV victimization in the last year among gay and bisexual men (Bartholomew et al. 2008; Carvalho et al. 2011). Two other studies found that lower levels of disclosure of one's sexual orientation were related to an increased risk for physical IPV perpetration in current relationships among LGBTQ youth (Edwards and Sylaska 2013), and gay and bisexual men (Kelley et al. 2014). Finally, one study, using similar tests, found this relationship not to be statistically significant (Balsam and Szymanski 2005).

Regarding the participants' degree of stigma consciousness, one study found that this factor was associated positively with the perpetration of same-sex partner violence among lesbian women and gay men (Carvalho et al. 2011). However, another study reported that this relationship was not statistically significant (Edwards and Sylaska 2013). Additionally, Carvalho et al. (2011) found that stigma consciousness was positively related to IPV victimization among lesbian women and gay men.

With regard to discrimination and victimization, one study found that having experienced discrimination was related in a positive, statistically significant manner to the perpetration of psychological same-sex partner violence among LGBTQ youth. Nevertheless, experiences of discrimination did not predict psychological violence in the presence of other model predictors, such as physical victimization, psychological victimization, sexual victimization, concealment of identity, internalized homophobia, and perceived stigma (Edwards and Sylaska 2013). In addition, experiences of discrimination were not related to the physical and sexual perpetration of same-sex partner violence among LGBTQ youth (Edwards and Sylaska 2013), or to physical, sexual, or psychological IPV among lesbians and bisexual women (Balsam and Szymanski 2005).

Finally, social constraints with friends (difficulty in talking to others about one's minority sexual identity) did not predict women's same-sex PV, which was associated indirectly with the frequency of past-year psychological aggression in female-female intimate relationships through the intervening mechanisms of rumination and relationship satisfaction (Lewis et al. 2014).

## Discussion

Our results indicate that different forms of IPV (e.g., physical and psychological, sexual and psychological) tend to co-occur (Balsam and Szymanski 2005; Bartholomew et al. 2008, Edwards and Sylaska 2013; Pepper and Sand 2015). These findings are consistent with the literature on IPV in same-sex relationships (Badenes-Ribera et al. 2016; Edwards et al. 2015; Finneran and Stephenson 2013; Lewis et al. 2012; Matte and Lafontaine 2011; West 2012). In addition, we found that physical IPV was measured in most of the studies (8 studies), while all other forms of IPV were not measured as frequently. Nevertheless, same-sex partners reported psychological IPV (both as perpetrators and as victims) more often than physical IPV. This gap in the literature is especially damaging given the evidence that psychological IPV may be more mentally damaging than physical aggression (e.g., Hellemans et al. 2015). For example, Pepper and Sand (2015) found that only the perpetration and victimization of psychological aggression were associated with the overall feeling of oneself as being psychologically maladjusted. Consequently, future studies are needed to evaluate psychological aggression IPV in same-sex relationships and its correlates. In addition, future research should consider including the evaluation of IPV tactics that are specific to LGBTQ people, such as threats of outing (Badenes-Ribera et al. 2016; Lewis et al. 2012; Mason et al. 2014; West 2012).

On the other hand, our results indicated that bidirectional violence may be a common IPV pattern among LGBTQ individuals in same-sex relationships (Balsam and Szymanski 2005, Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013). These findings are consistent with previous empirical studies of LGBTQ respondents (e.g., Lie et al. 1991; Matte and Lafontaine 2011; Stanley et al. 2006). For example, in a nonclinical sample of adult gay men, Oringher and Samuelson (2011) found that few participants reported solely being the victim or perpetrator of violence in their same-sex romantic relationships: 42.7% of the sample reported physical and sexual conflict to be bidirectional (both perpetrating and receiving acts of violence). Heterosexism or homophobia might help explain the bidirectional violence in same-sex relationships, as this form of structural inequality might act on both members of the dyad, rather than shaping power relations between them; we might expect to see high rates of mutual violence within same-sex relationships (Frankland and Brown 2014).

Nevertheless, it is noteworthy that the rates of bidirectional violence do not indicate whether or not this mutual violence occurs in the context of control. It is important to keep in mind that certain types of IPV (e.g., intimate terrorism, violent resistance, and situational couple violence) are only differentiated by the context of control in which

they develop, and not by the frequency or nature of the violent acts (Badenes-Ribera et al. 2016; Frankland and Brown 2014; Johnson 2010; Renzetti 1992; West 2012). Therefore, future research is needed to assess the context in which the violent acts are occurring to each partner to identify the type of partner violence and implement efficient interventions (Badenes-Ribera et al. 2016; Kelly and Johnson 2008).

On the other hand, our results provide evidence that the minority stress hypothesis is relevant to understanding IPV among LGBTQ people in same-sex relationships. The reviewed studies show that internalized homophobia, degree of outness, stigma consciousness and experiences of discrimination based on sexual orientation are all related to IPV (Balsam and Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011; Edwards and Sylaska 2013; Kelley et al. 2014; Lewis et al. 2014; Milletich et al. 2014; Pepper and Sand 2015). At the same time, these associations are not subject to full agreement across studies (e.g., Balsam and Szymanski 2005; Edwards and Sylaska 2013; McKenry et al. 2006; Pepper and Sand 2015). These findings are consistent with previous studies; for example, Finneran and Stephenson (2014) investigated the relationship between internalized homophobia, experiences of homophobic discrimination, experiences of racism, and IPV in men who have sex with men. They found that internalized homophobia was associated with the perpetration of sexual IPV; meanwhile, experiences of homophobic discrimination were related to physical and sexual IPV perpetration and victimization. Similarly, Finneran et al. (2012) carried out research on IPV among men who have sex with men and its relation to experiences of homophobia and internalized homophobia in nine countries. Both experiences of homophobia and internalized homophobia were found in this study to increase the odds of reporting physical and sexual IPV. Nonetheless, Barrett and St. Pierre (2013) analyzed the relation between experiences of discrimination based on sexual orientation and IPV in an LGBTQ sample (of those currently with a same-sex and/or opposite-sex partner) and they did not find this relationship to be statistically significant.

Conversely, the studies reviewed point out that the relationship between some of the internalized minority stressors and IPV in same-sex relationships could be mediated by other factors. For example, the correlation between internalized homophobia and IPV was mediated by the levels of fusion, rumination, and overall relationship quality (Balsam and Szymanski 2005; Lewis et al. 2014; Milletich et al. 2014). Thus, as Edwards and Sylaska (2013) point out, future research is needed to improve our understanding of the factors that may mediate or moderate the relationship between internalized and externalized minority stressors and IPV.

In addition, only one study assessed the psychological tactics specific to same-sex partner violence and their

relation to minority stress factors (Balsam and Szymanski 2005). This study did not find any connection between specific psychological tactics and minority stressors. Consequently, future studies are needed to discover whether there is a relationship between IPV tactics that are specific to LGBTQ individuals and minority stressors (Badenes-Ribera et al. 2016; Lewis et al. 2012; Mason et al. 2014; West 2012).

Furthermore, additional research should be conducted to evaluate the role of minority stressors in each type of IPV. It is possible that the patterns differ between different forms of violence. For example, one might expect that sexual minority stress may be more associated with intimate terrorism than with situational couple violence (Carvalho et al. 2011).

Finally, we acknowledge that this systematic review carries certain limitations which must lend caution to interpretation of its findings. The main limitation is the low number of studies analyzed, which shows that the study of the role of minority stressors on IPV in same-sex relationships is in its infancy. Therefore, it can be said that there remains little visibility for this phenomenon. Consequently, it is important to convince researchers of the urgent need to study same-sex partner violence, as it is known that, even when it shares correlates with partner violence between people of the opposite sex, partner violence between people who belong to sexual minority groups has distinct antecedent factors, related to the social discrimination to which they are exposed in a heterosexist society.

Other limitations of our study are related to the research design of the articles reviewed in our paper. Most of them employed a convenience sample taken from LGBTQ communities of the United States (mostly Caucasian, middle-aged, and with at least some college education), which makes it difficult for our findings to be generalized to a wider population. For example, our results cannot be considered representative of IPV in people who are not open about their sexual identity, who are less likely to be contacted by or to agree to participate in such studies. In the same way, the results cannot be generalized to the IPV among members with sexual minority identities but who are currently engaged in heterosexual relationships. It would be worthwhile to note also that trans\* people were not included in the vast majority of these studies unless they also identified as gay, lesbian, or bisexual, which means that relationships of trans\* people—which other studies have shown to be at high risk of IPV—are not fully represented. Furthermore, all studies used cross-sectional designs, which do not allow us to draw inferences about cause-effect relationships.

Consequently, future research would be needed to investigate this topic in other societies and cultures, using research designs and statistical analysis with adequate methodological quality. In addition, prospective or longitudinal research is

needed to improve our understanding of how the relationship between sexual minority stressors and IPV actually develops, that is, to understand the temporal sequencing of risk and protective factors in IPV victimization, perpetration, and its IPV-related outcomes (Edwards et al. 2015; Finneran and Stephenson 2013; Lewis et al. 2014).

Finally, to facilitate the integration of these results in later meta-analytic studies and the comparison of different studies, future studies should employ the same recollection periods, document the participants' sexual orientation, include the sex, gender identity and sexual orientation of the participants' partners (or at least whether the violence occurred in an intimate relationship between people of the same sex), assess IPV in forms that may be specific to sexual or gender minority individuals, analyze the data in separate groups, for example by sexual identity, and explore the role of intersecting identities (Badenes-Ribera et al. 2016; Edwards et al. 2015; Finneran and Stephenson 2013; Lewis et al. 2012; Mason et al. 2014).

The findings that were included in this systematic review give empirical support to the important role that Sexual Minority Stressor theory (Meyer 2003) can play in understanding intimate partner violence in LGBTQ couples. Furthermore, the findings underline the importance of integrating the risk factors typical of the minorities considered with the risk factors that are predictive of IPV in heterosexual couples. Given the nature of these constructs, it would be opportune to devise intervention and prevention programs that are strengthened by this theory and aimed especially at LGBTQ people. The programs would serve to address and reduce the stresses typical of sexual minorities, which have been identified as a constant risk factor for both victims and perpetrators of IPV, while removing obstacles for disclosing the presence of violent behaviors inside couples, and promoting help seeking among victims.

Likewise, in the light of the present analysis, professionals such as psychologists, lawyers, and educators should be sensitized to reduce all behaviors that affirm stereotypes and patterns of discrimination against LGBTQ people, alongside the knowledge that the problem of domestic violence is not unique to heterosexual couples. In closing, since minority stress is characterized by discrimination and homophobia, it would be useful to adopt social policies aimed at securing equal rights for people belonging to sexual minorities, a move that might reduce the discriminatory practices to which these individuals are subjected to every day, and that would also contribute indirectly to the reduction of violence in same-sex couples.

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**Compliance with Ethical Standards**

**Conflict of Interest** The authors declare that they have no competing interests.

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